

05/20/2019

13:19 PM PDT

TO: 8506176383

FROM: 7862171243

Page: 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

((H190001598243))

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(((H19000159824 3)))



H190001598243ABC6

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS
Account Number : 120130000083
Phone : (305)359-3700
Fax Number : (786)217-1243

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: master@jagbusiness.com

LIC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEL-MONT MEDICAL,LLC

| | |
|-----------------------|---------|
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(((H190001598243)))

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Corporate Filing Menu

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K SALLY
MAY 21 2019

05/20/2019 13:19 PM

FILED
19 MAY 20 PM 3:57
STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION (((1119 000 159 6243)))
OF

MEI-MONT MEDICAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/11/2015 and assigned
Florida document number L15000026407

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
19 MAY 20 PM 3:58
TALLAHASSEE, FLORIDA

05/10/2019

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

05/10/2019
Dated _____

Signature of a member or authorized representative of a member

FRANK MELENDEZ

Typed or printed name of signer